



28564

This Form Based on PTO/SB/21

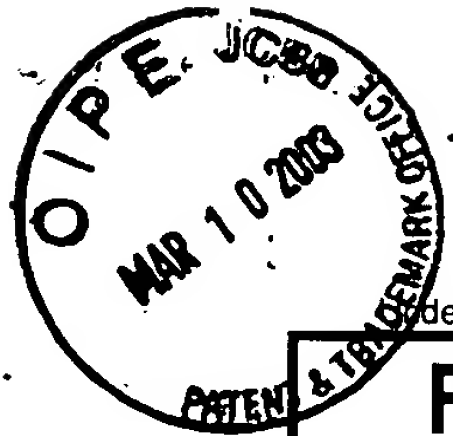
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/925,021
	Filing Date	August 9, 2001
	First Named Inventor	SAKAI et al.
	Group Art Unit	2856
	Examiner Name	CHAPMAN JR., JOHN E.
	Attorney Docket Number	01-186

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	3.10.03

OIPE CERTIFICATE OF HAND DELIVERY			
I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.			
Type or printed name	David G. Posz		
Signature		Date	3.10.03

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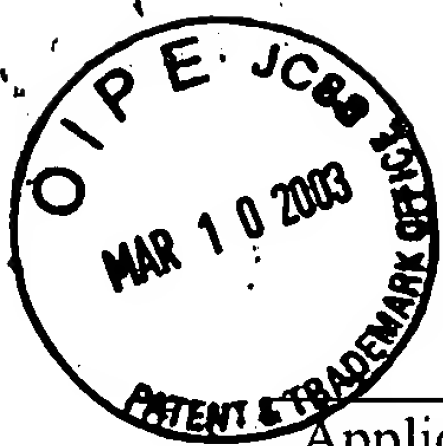
FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/925,021	
		Filing Date	August 9, 2001	
		First Named Inventor	SAKAI et al.	
		Examiner Name	CHAPMAN JR., JOHN E.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group/Art Unit	2856	Attorney Docket No.	01-186
TOTAL AMOUNT OF PAYMENT		(\$)		372

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: POSZ & BETHARDS, PLC <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$)	0		
2. EXTRA CLAIM FEES							
Total Claims: 22				Extra Claims	Fee from Below	Fee Paid	
Independent Claims: 7				-20**= 2	18	36	
Multiple Dependent				-3**= 4	84	336	
**or number previously paid, if greater; For Reissues, see below							
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)	372		
				Other fee (specify) _____			
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)				(\$)	0		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	3.10.03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

6/A
P. Waller
3-17-03

Applicant(s): SAKAI et al.

Atty. Dkt.: 01-186

Serial No.: 09/925,021

Group Art Unit: 2856

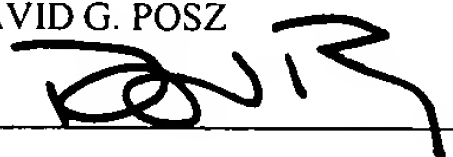
Filed: August 9, 2001

Examiner: CHAPMAN JR, JOHN E.

Title: SEMICONDUCTOR DYNAMIC
QUANTITY SENSOR WITH MOVABLE
ELECTRODE AND FIXED ELECTRODE
SUPPORTED BY SUPPORT SUBSTRATE

Assistant Commissioner for Patents
Washington, D.C. 20231

Date: March 10, 2003
(Note: March 9 = Sunday)

CERTIFICATE OF HAND DELIVERY
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Typed Name: DAVID G. POSZ
Signature: 

AMENDMENT

Sir:

In response to the Office Action mailed December 9, 2002, please enter the following amendments and consider the appended remarks.

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03/13/2003 RADOFO1 00000002 501147 09925021

01 FC:1201 336.00 CH
02 FC:1202 36.00 CH